### **Lost Title Replacement Procedure**

In an effort to enhance customer service, the Bureau of Regulatory Services has developed the Lost Title Procedure to assist Michigan vehicle dealers with replacing a lost Michigan vehicle title. However, the Bureau may assist only if the following situations apply:

- □ Your dealership is a licensed *Michigan* vehicle dealership;
- □ You are to provide sufficient proof of ownership (see list of documents on page two of form AR-0184);
- □ The lost certificate of title is from the State of Michigan;
- □ The vehicle is not sold to an out-of-state customer, either at wholesale or retail;
- □ The vehicle is registerable for highway use (i.e., not a watercraft, ORV, snowmobile, etc.).

If your situation meets all the above criteria, your dealership may use the attached form AR-0184, *Dealer Application For Replacement Of A Lost Michigan Vehicle Title*, to apply for assistance. You must complete all items on the application, attach photocopies of supporting documents, and send the materials by standard mail or overnight courier to the appropriate address (listed on page two of the form). Materials may also be faxed to (517) 373-0964, provided they are legible.

Once received, our office will review your materials to determine your eligibility for assistance. If approved, our office will mail form AR-0185, *Dealer's Lost Title Replacement Certification*, to your licensed address. Instructions for properly completing and submitting the form will be included.

To avoid unnecessary delays in processing, please note the following items:

- ✓ Complete all items on the application. Incomplete applications or applications with insufficient documents may be delayed or rejected.
- ✓ Attach photocopies of supporting documents only. Originals that are sent will become part of the dealer file, and cannot be returned to the dealer.
- ✓ Make certain that the form is signed by an owner, chief officer or director of the dealership, as listed on the current Dealer License. Applications that are signed by persons other than the person(s) listed on the current license will be returned for proper signature, delaying the process.
- ✓ DO NOT send payment with the form. Sending payment may cause the form to be routed incorrectly.

If you have any questions, you may contact our office by e-mail at <u>dealer@michigan.gov</u>, or by telephone at (517) 373-9081.

# MICHIGAN DEPARTMENT OF STATE BUREAU OF REGULATORY SERVICES

Date: 4/24/02

INTERNET FORM

#### DEALER APPLICATION FOR REPLACEMENT OF A LOST MICHIGAN VEHICLE TITLE

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Person/Dealer vehicle acquired from:											PI	none l	Numbe	er: <u>(</u>	)							
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Continuation of form Ak-0184 (April 2002) by Authority of PA 300 of 1949, as amended	
Has vehicle been sold? Yes No If YES, has purchaser taken delivery?	☐ Yes ☐ No
If sold, to whom? Name: Address:	Date of sale: Phone Number: ( )
If sold, was the sale through an auction? Yes No  If YES, provide the auction's name:	- -
Address:  Auction phone number: ( ) Ext.  If vehicle has <u>not</u> been sold, where is it presently located?  At licensed dealership actions to the property of th	
If "other", provide location	
Attach to this application a photocopy of <u>as many of</u> the following items as you are able to prov  • Front and back of the lost vehicle title	ide to establish your ownership of the vehicle:
<ul> <li>Separate odometer statement you received from the previous or</li> </ul>	wner (if applicable)
<ul> <li>A receipt, bill of sale or auction slip showing from whom you acc</li> </ul>	juired the vehicle
An RD-108 showing your sale of the vehicle	
<ul> <li>An RD-108 showing that the vehicle was traded in at your dealer</li> </ul>	ship
Police Book page or washout record showing the vehicle entry	
<ul> <li>The separate odometer statement you gave to your customer, if and a separate statement was used</li> </ul>	vehicle has been sold
NOTE: Send only photocopies of these documents; do not send originals. Original documents se	ent to the Bureau will not be returnable.
I hereby certify that the statements contained on this application, and any attachments to this application. I further certify that I, as owner, partner, officer or director of the dealership mak application, and to make the statements contained herein.	
Signature of owner, partner, or corporate officer (as listed on the current dealer license)	Title (Owner, partner, corporate officer)
Printed name	Date

Return this complete application and all attachments (DO NOT SEND PAYMENT WITH FORM) by U.S. Postal Service or overnight courier service to:

## VIA U.S. MAIL

MICHIGAN DEPARTMENT OF STATE
BUREAU OF REGULATORY SERVICES
COMPLAINT RESOLUTION AND INVESTIGATIONS DIVISION
LANSING, MICHIGAN 48918

#### VIA OVERNIGHT COURIER SERVICE

MICHIGAN DEPARTMENT OF STATE BUREAU OF REGULATORY SERVICES 208 NORTH CAPITOL AVENUE - SECOND FLOOR LANSING, MICHIGAN 48933